

091 215 732

ISSUE SLIP STAPLE HERE (Do not cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	71432	12-30-98
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71432	1/13/99

INDEX OF CLAIMS

- |   |                                 |   |                    |
|---|---------------------------------|---|--------------------|
| ✓ | ..... Rejected                  | N | ..... Non-elected  |
| ✓ | ..... Allowed                   | I | ..... Interference |
| ✓ | (Through numeral)..... Canceled | A | ..... Appeal       |
| ✓ | ..... Restricted                | O | ..... Objected     |

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If more than 150 claims or 10 actions  
staple additional sheet here

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